



PAYOFF REQUEST FORM

Date: _____

Name of Lender: _____

Loan Number: _____

Property Address: _____

Borrower Name: _____

To Whom It May Concern,

New Century Abstract is serving as settlement agent for a transaction in which the referenced loan is to be satisfied in full. Settlement is scheduled for _____.

PLEASE FAX TO THIS OFFICE, at (580) 245-0991, an itemized payoff statement good through 5 days after the scheduled closing date, including a per diem interest rate and, if applicable, all costs for the release of this lien from the county clerk's office.

If the referenced loan is an equity line, credit line or other such revolving line of credit account, please **BLOCK THIS ACCOUNT**, so no additional amount may be charged against the account after release of your payment statement.

The undersigned hereby authorizes compliance with all requests made herein:

Signature

Print Name

Date

